

REQUEST FOR TRANSFER OF FUNDS

RW 9-19 (Rev. 12/95)

- TO: 1) R/W Planning & Management Branch
 2) Budgetary Accounting
 3) Cashiering
 4) Return to R/W Planning and Management
 5) Forward to R/W Acquisition/Condemnation

Federal Project #

FEDERAL PARTICIPATIONOn the project ☐ Yes ☐ NoOn the parcel ☐ Yes ☐ No

A.R. #:

FROM: RIGHT OF WAY ACQUISITION/CONDEMNATION

It is requested that a deposit with the State Treasurer be
 executed for an Order for Possession in the following case:

People vs.
 County of
 Court case no.

Dist

Co

Rte

Post

Parcel No

EA/SJ

Object codes beginning with a "6" are eligible for Federal
 reimbursement, those beginning with a "7" are not.

| Condemnation Deposit | Federal Eligible 6090 | Federal Ineligible 7090 |
|-------------------------------------|-----------------------------|-------------------------------|
| LAND: Right of Way | \$ | \$ |
| IMPROVEMENTS: Right of Way | | |
| Personalty | | |
| Machinery and Equipment | | |
| DAMAGES | | |
| GOODWILL | | |
| SUBTOTALS | | |
| TOTAL AMOUNT OF THIS DEPOSIT | \$ | |

Note: Differences between requested deposit and approved appraisal or
 authorized appraisal are to be explained.

CERTIFICATION OF FUNDS

I hereby certify upon my own personal
 knowledge that budgeted funds are available
 for the period and purpose of the expenditure
 shown here.

| HQ Accounting | | | | Date |
|---------------|------|------|----|--------|
| ITEM | CHAP | STAT | FY | AMOUNT |
| | | | | |
| | | | | |

| Previous Deposit(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--------------------|
| Amounts | Reference Document |
| \$ | CO |
| \$ | CO |
| \$ | CO |

| | |
|--------------------|------|
| | |
| Condemnation Agent | Date |
| Telephone: | |

APPROVED:

Condemnation Senior Date

Telephone:

RIGHT OF WAY PLANNING AND MANAGEMENT TO COMPLETE UNSHADED FIELDS BELOW THIS POINT.

| T CODE | DOCUMENT NUMBER | SUF FIX | DIST | UNIT | CHG DIST | EA | SUB JOB | SPECIAL DESIGNATION | FA | OBJ CODE | DOLLAR AMOUNT | FFY |
|-----------|--------------------|------------|------|------|-------------|----|------------|------------------------|----|-------------|------------------|-----|
| | | | | | | | | | | | | |
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APPROVED:

R/W Planning and Management

Date

ACCOUNTING NOTE: All data must be entered exactly as shown.
 Verify coding prior to entry into TRAMS. If any change is necessary,
 contact R/W Planning and Management who will fax revised copy to
 Accounting as appropriate. After data entry into TRAMS,
 sign and date form and return a copy to Right of Way.